2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N04000010014

Entity Name: COLLIER COUNTY LACROSSE ASSOCIATION, INC.

Current Principal Place of Business:

4765 WHISPERING PINE WAY
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4765 WHISPERING PINE WAY
NAPLES, FL 34103

New Mailing Address:

FEI Number: 14-1916934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALKINS, EDWARD T
4765 WHISPERING PINE WAY
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CALKINS, EDWARD T
Address: 4765 WHISPERING PINE WAY
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: CLAUSSEN, CHRISTOPHER G
Address: 2134 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: MYRMO, KEVIN
Address: 4951 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: ADIUTORI, FRANK
Address: 652 MUREX DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MILLER, ROBERT
Address: 3897 7TH AVE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD T. CALKINS D 04/10/2009
Electronic Signature of Signing Officer or Director — Date